

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12582

CERTIFICATE OF DEATH

Reg. Dist. No.

2520

1. PLACE OF DEATH:

County... *Baltimore*City or town... *Rural Centreville*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *About 8 months*

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife... *Kunigunda Alt Drummer*

7. Birth date of deceased (mo., day, yr.)

Feb. 25 - 1865

6. (c) If alive, give age 79 years

8. AGE: Years Months Days If less than one day

81 10 6 hrs. min.

9. Birthplace... *Germany*

(Town, county, and state)

10. Usual occupation... *Farmer*

11. Industry or business

12. Name... *Don't know*13. Birthplace... *Germany*14. Maiden name... *Don't know*15. Birthplace... *Germany*16. Informant... *Oscar M. Drummer*Address... *Centreville Maryland*17. Burial... *Rural* Date thereof... *Jan. 2 - 47*

(Burial, cremation, or removal. Which?) Date thereof... (month) (day) (year)

Cemetery or crematory... *St. Mathews*Location... *Concord St Baltimore Md.*18. Funeral director... *Barton Bros*Address... *Centreville Maryland*19. *1-2-1947* Elsie Demetras
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... *Maryland* County...City or town... *Baltimore*

(If outside city or town limits, write RURAL and give nearest town)

Street No. *101 N. Belmont Ave*

(If rural, give LOCATION)

2.(a) If veteran, name war... *WW*

3. (b) Social Security Number

213-14-8302

MEDICAL CERTIFICATION

20. DATE OF DEATH... *Dec. 31 1946* at *10 AM*

I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 1 23 1946 to *Dec. 31 1946*and that I last saw h. m. alive on *Dec. 31 1946*

Immediate cause of death...

*Metastatic carcinoma -**eat. in liver*Due to... *Adenocarcinoma of the stomach*Due to... *30 years*DURATION *7402*

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations... *Tumor of the**stomach* Date of op. *1946*Autopsy results... *Biops. Metastatic carcinoma*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury... Injured at work?

23. SIGNATURE *Keri Lester M.D.* M. D. or otherAddress... *Annes Aran Blvd.* Date signed *5 1947*

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12584

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death..... 25 years

Hospital, Institution, or street address where death occurred:

at home

How long in hospital or institution?.....

3. (a) FULL NAME

Frances Delaneo Sease

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

M.

25

remarried

6.(b) Name of husband or wife

Florence Blodis

7. Birth date of deceased (mo., day, yr.)

April 8th 1914

8. (c) If alive, give age 30 years

8. AGE:

Years
32Months
9Days
21It less than one day
hrs. min.

9. Birthplace.....

(Town, county, and state)
Queen Anne

10. Usual occupation.....

Farmer

11. Industry or business

MOTHER FATHER

12. Name..... Harry A. Sease

13. Birthplace..... Queen Ann. Md.

14. Maiden name..... Clara Bellis Sease

15. Birthplace..... Talbot County, Md.

16. Informant.....

Harry A. Sease (Father)

Address.....

Queen Anne Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 1-2-47
(month) (day) (year)

Cemetery or crematory..... Greenbush Cemetery

Location.....

Greenbush Md.

18. Funeral director..... J. Virgil Moore & Son

Address..... Deale Md.

19. 1-2-47

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Queen Anne

City or town..... (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1946 11 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 41 to Dec. 31 1946

and that I last saw him alive on Dec. 31 1946

Immediate cause of death..... Tuberculosis of the lungs

DURATION

10 years

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Kurt Lederer M.D.

M. D. or other

Address..... Queen Anne Md. Date signed 1/2/47

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JAN 10 1947

BURHAT 1-6

2-55

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

CERTIFICATE OF DEATH

Reg. Dist. No. 2570

JAY 12583

1. PLACE OF DEATH:

County: Queen AnneCity or town: Rural Queen Anne

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? one week

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Joseph Ray Pittsborough

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M. W. Married



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

12348

CERTIFICATE OF DEATH

Reg. Dist. No. 2.52

1. PLACE OF DEATH:

County Queen Anne's
City or town P.T.O. Centreville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? about 60 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Rosa Virginia Shembrook

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white married

6. (b) Name of husband or wife

J. O. Shembrook

6. (c) If alive, give age 66 years

7. Birth date of deceased (mo. day, yr.)

Oct. 6. 1876

8. AGE:

Years

Months

Days

If less than one day

70 2 21 hrs. min.

9. Birthplace

Pine Queen Anne's Co. Maryland

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Isaac Sparks

MOTHER FATHER

Queen Anne's Co Md

Sarah Catherine West

Queen Anne's Co Md.

J. O. Shembrook

16. Informant

R.P.D. Centreville, Maryland

17. Burial

Date thereof Dec 29-46

(Burial, cremation, or removal, which)

Chesterfield

Cemetery or crematory

Centreville Maryland

18. Funeral director

Barton Bros

Address

Centreville, Maryland.

19. Date rec'd by registrar

Dec 28-46

Elie Armstrong

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne's

City or town P.T.O. Centreville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

now

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1946 at 5:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 16 1946 to Dec 27 1946

and that I last saw her alive on Dec 26 1946

Immediate cause of death Inflammation of the uterus

obstetrics

Due to Generalized Carbunculation

of abdomen

Due to Carbunculation of breast

uterus

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Inflammation of the breast, carbuncles

colon Grade II multiple rectal Date of op. Sept 24, 1946

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

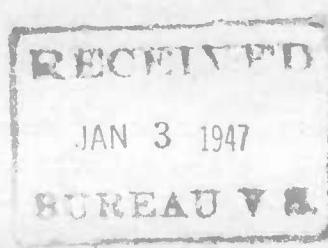
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C.R. Bayton MD M. D. or other

Address Centreville md Date signed Dec 28-46



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 332

CERTIFICATE OF DEATH

12349
Reg. Dist. No. 2510

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

May Chew Sparks

4. Sex

5. Color of face

6.(a) Single, married, widowed, or divorced

F

W

widow

6.(b) Name of husband or wife.....

W. S. Sparks

6.(c) If alive, give age

years

7. Birth date of deceased (mo., day, yr.)

June 19,

1865

8. AGE: Years

Months

Days

If less than one day

81

4

23

hrs.

min.

9. Birthplace.....

Md

(Town, county, and state)

10. Usual occupation.....

House wife

11. Industry or business

Lessie S. Chew

MOTHER FATHER

12. Name.....

Lessie S. Chew

13. Birthplace

Md

14. Maiden name.....

Doris Hoffpauir

15. Birthplace

Md

16. Informant.....

Estes McQuinn

Address

Crumpton Md

17. Burial

Date thereof.....

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Dec. 15 - 1946

Cemetery or crematory.....

Crumpton

Location.....

Crumpton Md.

18. Funeral director.....

Edgar L. Lane

Address

Church Hill Md.

19. Dec. 15.....

1946.....

(Date rec'd by registrar)

Edgar L. Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

Md g.a.

City or town.....

Crumpton

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

219-14-3941

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Dec. 12

1946 a 515Q M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1946 to Dec. 12 1946

and that I last saw her alive on Dec. 11 1946

Immediate cause of death.....

Cardiac Hemorrhage

DURATION

Due to.....

Randall Oswald Spikes

Due to.....

Coronary sclerosis

Other conditions.....

✓

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Mode of injury.....

Injured at work?

23. SIGNATURE.....

@ D. McCallie

M. D. or other

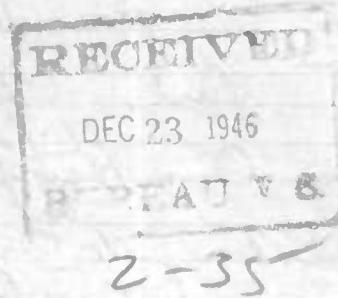
Address.....

Frederick Lane

Date signed 12/15/46

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 926

CERTIFICATE OF DEATH

12350
Reg. Dist. No. 257

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

1. PLACE OF DEATH:
 County..... Queen Anne's
 City or town..... Rosedale Centreville
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... all his life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William Ellsworth Wilson

4. Sex..... male 5. Color or race..... Colored 6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife..... Mary Julia Edmunds

7. Birth date of deceased (mo., day, yr.)..... Feb 15 - 1871 6.(c) If alive, give age..... 59 years

8. AGE: Years..... 75 Months..... 10 Days..... 6 If less than one day

hrs..... min.....

9. Birthplace..... Queen Anne's Co. Maryland

(Town, county, and state)

10. Usual occupation..... Fisherman & Laborer

11. Industry or business

MOTHER FATHER 12. Name..... William Wilson

13. Birthplace..... Queen Anne's Co. Md

14. Maiden name..... Ellen Riley

15. Birthplace..... Queen Anne's Co. Md

16. Informant..... Mary Julia Wilson

Address..... Centreville Maryland

Burial Date thereof..... Aug 26-46
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory..... Chesterfield

Location..... Centreville Maryland

18. Funeral director..... T. Eaton Fisher

Address..... Centreville, Md.

19. 12-24-46 Date rec'd by registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State..... Maryland County..... Queen Anne's

City or town..... Rosedale Centreville
 (If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2.(a) If veteran, name war..... none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

Dec 21- 1946 at 6⁴⁵P.M.

20. DATE OF DEATH..... Dec 21- 1946 to Dec 21- 1946

and that I last saw h..... alive on..... 19.....

Immediate cause of death.....

DURATION

Intestinal Regurgitation

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

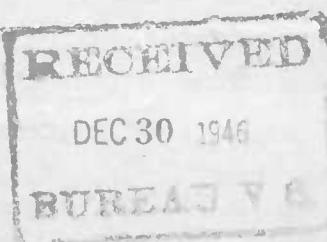
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... W. Henry Fisher

M. D. or other

Address..... Centreville Md. Date signed..... 12/24/46



2-35